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Filed on

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Kellie, L. [US/US]; 2100 Lake Washington Blvd. N., C106, Renton, WA 98056 (US). PAVLOVA, Maria, N. [RU/US]; 5000 22nd Avenue NE, Apt.#314, Scattle, WA 98105 (US). VASSILATIS, Demetri [GR/US]; 740 Bellevue Avenue East, #604, Scattle, WA 98102 (US). ZENG, Hongkui [US/US]; 15015 Dayton Avenue N., Shoreline, WA 98133 (US).

- (74) Agent: ELBING, Karen, L.; Clark & Elbing L.L.P., 101 Federal Street, Boston, MA 02110 (US).
- (81) Designated States (national): AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW.
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Published:

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For two-letter codes and other abbreviations, refer to the "Guidance Notes on Codes and Abbreviations" appearing at the beginning of each regular issue of the PCT Gazette.

(54) Title: G PROTEIN COUPLED RECEPTORS AND USES THEREOF

(57) Abstract: The present invention provides GPCR polypeptides and polynucleotides, recombinant materials, and transgenic mice, as well as methods for their production. The polypeptides and polynucleotides are useful, for example, in methods of diagnosis and treatment of diseases and disorders. The invention also provides methods for identifying compounds (e.g., agonists or antagonists) using the GPCR polypeptides and polynucleotides of the invention, and for treating conditions associated with GPCR dysfunction with the GPCR polypeptides, polynucleotides, or identified compounds. The invention also provides diagnostic assays for detecting diseases or disorders associated with inappropriate GPCR activity or levels.





REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

International Application No.	3/28226
International Filing Date	09 SEP 2003 NATIONAL
PCT INTER	NATIONAL ON PONS

Name of receiving Office and "PCT International Application"

·	(if desired) (12 characte	rs maximum) 50001/007WO3	
Box No. I TITLE OF INVENTION G PROTEIN COUPLED RECEPTORS AND US	SES THEREOF		
Box No. II APPLICANT This person	n is also inventor		
		Telephone No.	
PRIMAL, INC.		Facsimile No.	
1124 Columbia Avenue Seattle, WA 98104		Teleprinter No.	
United States of America		Applicant's registration No. with the Office	
State (that is, country) of nationality: US	State (that is, country) US		
for the purposes of:	ted States except States of America	the United States of America only the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FUR			
Name and address: (Family name followed by given name; for a legal end the address must include postal code and name of country. The country of Box is the applicant's State (that is, country) of residence if no State of residence GAITANARIS, George A. 740 Bellevue Avenue East, #704 Seattle, WA 98102 United States of America	nce is indicated below.)	applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office	
State (that is, country) of nationality: GR	State (that is, country US		
This person is applicant all designated for the purposes of:	ated States except I States of America	the United States of America only the States indicated in the Supplemental Box	
Further applicants and/or (further) inventors are indicated	d on a continuation sheet.		
Box No. IV AGENT OR COMMON REPRESENTATIVE	E; OR ADDRESS FO	R CORRESPONDENCE	
The person identified below is hereby/has been appointed to ac of the applicant(s) before the competent International Authorit	et on behalf ies as:	agent common representative	
Name and address: (Family name followed by given name; for a legal of The address must include postal code and name of	entity, full official designation	Telephone No. (617) 428-0200	
ELBING, Karen L. Clark & Elbing LLP		Facsimile No. (617) 428-7045	
101 Federal Street		Teleprinter No.	
Boston, MA 02110		N/A	
United States of America		Agent's registration No. with the Office 35,238	
Address for correspondence: Mark this check-box wh space above is used instead to indicate a special address	ere no agent or common is to which correspondence	representative is/has been appointed and the e should be sent.	

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) If none of the following sub-boxes is used, this sheet should not be included in the request.			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) BERGMANN, John E. 9440 SE 70th Place Mercer Island, WA 98040 United States of America		This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)	
		Applicant's registration No. with the Office	
State (that is, country) of nationality: US	State (that is, country, US) of residence:	
		the United States of America only the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) GRAGEROV, Alexander 4427 Williams Avenue W. Seattle, WA 98199 United States of America		This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office	
State (that is, country) of nationality:	State (that is, country,) of residence:	
This person is applicant all designated for the purposes of:	States except ates of America	the United States of America only the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence HOHMANN, John P.O. Box 1000 Laconner, WA 98257 United States of America	e address indicated in this	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office	
State (that is, country) of nationality: US	State (that is, country, US) of residence:	
This person is applicant all designated all designated	States except	the United States of America only the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) LI, Fusheng 3818 NE 75th Street, #3 Seattle, WA 98115 United States of America This person is: applicant only inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office of the address indicated in this person is: Applicant only Applicant only Applicant's registration No. with the Office of the address indicated in this person is:			
State (that is, country) of nationality: CN State (that is, country) of residence: US			
This person is applicant all designated all designated	This person is applicant all designated all designated States except the United States the States indicated in		
Further applicants and/or (further) inventors are indicated on another continuation sheet.			

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) If none of the following sub-boxes is used, this sheet should not be included in the request.		
Name and address: (Family name followed by given name; for a legal of The address must include postal code and name of country. The country of Box is the applicant's State (that is, country) of residence if no State of residence if no State of the MADISEN, Linda 2017 Fairview Avenue E., M Seattle, WA 98102 United States of America	f the address indicated in this	
State (that is, country) of nationality: US	State (that is, country) of residence: US	
This person is applicant all designated all designated for the purposes of:	the States except States of America only the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal e The address must include postal code and name of country. The country of Box is the applicant's State (that is, country) of residence if no State of residence if no State of the MCILWAIN, Kellie L. 2100 Lake Washington Blvd. N., C106 Renton, WA 98056 United States of America	f the address indicated in this	
State (that is, country) of nationality: US	State (that is, country) of residence: US	
This person is applicant all designated for the purposes of:	ted States except States of America only the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) PAVLOVA, Maria N. 5000 22nd Avenue NE, Apt. #314 Seattke, WA 98105 United States of America This person is: applicant only inventor only (If the is marked, do not fite.) Applicant's registration No.		
State (that is, country) of nationality:	State (that is, country) of residence: US	
This person is applicant all designated all designated for the purposes of:	ted States except States of America only the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) VASSILATIS, Demetri 740 Bellevue Avenue East, #604 Seattle, WA 98102 United States of America This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Official designation. The address must include postal code and name of country. The country of the address indicated in this applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)		
State (that is, country) of nationality: GR State (that is, country) of residence: US		
	ted States except States of America only the States indicated in States of America only the Supplemental Box	
Further applicants and/or (further) inventors are indicated on another continuation sheet.		

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) If none of the following sub-boxes is used, this sheet should not be included in the request.			
Name and address: (Family name followed by given name; for a legal entity The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence ZENG, Hongkui 15015 Dayton Avenue N. Shoreline, WA 98133 United States of America	address indicated in this		
State (that is, country) of nationality:	State (that is, country) of residence:		
US	us		
This person is applicant all designated for the purposes of: all designated the United States the United States	States except the United States the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name; for a legal entity. The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence	address indicated in this		
State (that is, country) of nationality:	State (that is, country) of residence:		
This person is applicant all designated for the purposes of:	States except es of America the United States the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name; for a legal entity, The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence	address indicated in this		
State (that is, country) of nationality:	State (that is, country) of residence:		
This person is applicant all designated for the purposes of:	States except the United States the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name; for a legal entity, The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence	address indicated in this		
State (that is, country) of nationality:	State (that is, country) of residence:		
This person is applicant all designated for the purposes of:			
Further applicants and/or (further) inventors are indicated on another continuation sheet.			

DESIGNATION OF STATES Mark the applicable check-boxes below; at least one must be marked. The following designations are hereby made under Rule 4.9(a): Regional Patent 🔣 AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)..... EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT M OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line) National Patent (if other kind of protection or treatment desired, specify on dotted line): HU Hungary PG Papua New Guinea AG Antigua and Barbuda AL Albania ID Indonesia RO Romania BA Bosnia and Herzegovina KE Kenya SC Seychelles BB Barbados KG Kyrgyzstan BR Brazil..... BZ Belize 🔀 KZ Kazakhstan 🛣 SK Slovakia LC Saint Lucia SL Sierra Leone CH & LI Switzerland and Liechtenstein 🔀 LK Sri Lanka SY Syrian Arab Republic TN Tunisia TR Turkey.... TT Trinidad and Tobago CZ Czech Republic 🔀 LV Latvia **I** UA Ukraine DM Dominica continuation-in-part EE Estonia..... Macedonia ES Spain MN Mongolia GB United Kingdom GD Grenada ZA South Africa **ZM** Zambia Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet: ☑ .EG.Egypt. □ □ Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being

excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Supplemental Box

If the Supplemental Box is not used, this sheet should not be included in the request.

- If, in any of the Boxes, except Boxes Nos. VIII(i) to (v) for which a special continuation box is provided, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No..." (indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:
- (i) if more than two persons are to be indicated as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;
- (ii) if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" is the case may be, indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;
- (iii) if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;
- (iv) if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;
- (v) if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "continuation" or "continuation-in-part": in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;
- (vi) if, in Box No. VI, there are more than five earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.
- If, with regard to the precautionary designation statement contained in Box No. V, the applicant wishes to exclude any State(s) from the scope of that statement: in such case, write "Designation(s) excluded from precautionary designation statement" and indicate the name or two-letter code of each State so excluded.

CONTINUATION OF BOX NO. V

Continuation-in-part of U.S. Provisional Patent Application Nos. 60/409,303 filed 09 September 2002 (09.09.02) and 60/461,329 filed 09 April 2003 (09.04.03)

Box No. VI PRIORITY CLAIM				
The priority of the following	g earlier application(s) is here	by claimed:		
Filing date	Number of applies applies to a	· · · · · · · · · · · · · · · · · · ·	Where earlier application	is:
of earlier application (day/month/year)	of earlier application	national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office
item (1) 09 September 2002 (09.09.02)	60/409,303	us	1	
item (2) 09 April 2003 (09.04.03)	60/461,329	US		
item (3)			·	
item (4)				
item (5)				
Further priority claims	are indicated in the Suppleme	ental Box.		
The receiving Office is reque if the earlier application was a above as:	ested to prepare and transmit the filed with the Office which for the office which w	to the International Bureau the purposes of this interna	a certified copy of the extinual application is the re	arlier application(s) (only eceiving Office) identified
all items item (1) X item (2)	item (3) item	(4) item (5)	other, see Supplemental Box
* Where the earlier application industrial Property or one Management	on is an ARIPO application, in ember of the World Trade Or	ndicate at least one country ganization for which that e	party to the Paris Conver arlier application was file	ntion for the Protection of
Box No. VII INTERNAT	IONAL SEARCHING AUT	THORITY		
Choice of International Sea international search, indicate	rching Authority (ISA) (if to the Authority chosen; the two-	wo or more International Se -letter code may be used):	earching Authorities are c	competent to carry out the
ISA / US				
Request to use results of ea. International Searching Author	rlier search; reference to th	nat search (if an earlier sec	arch has been carried out	by or requested from the
Date (day/month/year) Number Country (or regional Office)				
Box No. VIII DECLARATIONS				
The following declarations a check-boxes below and indica	re contained in Boxes Nos. Vite in the right column the num	VIII (i) to (v) (mark the ap ber of each type of declara	pplicable tion):	Number of declarations
Box No. VIII (i)	Declaration as to the identity	y of the inventor		:
Box No. VIII (ii)	Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent			
Box No. VIII (iii)	Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application			
Box No. VIII (iv)	Declaration of inventorship United States of America)	(only for the purposes of	the designation of the	:
Box No. VIII (v)	Declaration as to non-prejud	dicial disclosures or excep	otions to lack of novelty	:

	Sheet No8		
Box No. IX CHECK LIST; LANGUAGE	OF FILING		
This international application contains: (a) in paper form, the following number of sheets: request (including declaration sheets) : 8 description (excluding	This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item): 1. fee calculation sheet 2. original separate power of attorney 3. original general power of attorney		
sequence listings and/or tables related thereto) : 359 claims : 173 abstract : 1	 4. copy of general power of attorney; reference number if any: 5. statement explaining lack of signature 	;r, ::	
drawings : 9 Sub-total number of sheets : 550 sequence listings : tables related thereto :	 6. ☐ priority document(s) identified in Box No. VI as item(s): 7. ☐ translation of international application into (language): 	:	
(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form;	 separate indications concerning deposited microorg or other biological material sequence listings in computer readable form (indicate type and number of carriers) (i) copy submitted for the purposes of international sequences. 	:	
see (c) below) Total number of sheets : 550 (b) only in computer readable form (Section 801(a)(i))	(i) Copy submitted to the purposes of the international series Rule 13 ter only (and not as part of the internation (ii) (iii) (only where check-box (b)(i) or (c)(i) is marked in leadtitional copies including, where applicable, the purposes of international search under Rule 13 termational search under Rule 13 termation (c) (iii) (al application): eft column) e copy for the	
(i) ☐ sequence listings (ii) ☑ tables related thereto (c) ☐ also in computer readable form	(iii) together with relevant statement as to the identity copies with the sequence listings mentioned in less tables in computer readable form related to sequence	ft column :	
(Section 80 l(a)(ii)) (i) □ sequence listings (ii) □ tables related thereto	 (indicate type and number of carriers) (i) ☐ copy submitted for the purposes of international section 802(b-quater) only (and not as part of the application) 	search under international :	
Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the	(ii) (only where check-box (b)(ii) or (c)(ii) is marked in additional copies including, where applicable, the purposes of international search under Section 80 (iii)	e copy for the 02(b-quater) 2 CD-R	
sequence listings. Itables related thereto: CD-R (additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)	(iii) Let together with relevant statement as to the identity copies with the tables mentioned in left column (1) other (specify): Transmittal Letter; Check (\$13,01)	CD Transmittal	
Figure of the drawings which should accompany the abstract:	Language of filing of the international application: ENGLISH		
Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).			
for PRIMAL, INC. et al. Michael J. Belliveau, Ph.D. for Karen L. Elbing, Ph.D.			
	For receiving Office use only	7	
Date of actual receipt of the purported international application:			
	timely received papers or drawings completing		
4. Date of timely receipt of the required corrections under PCT Article 11(2):			
5. International Searching Authority (if two or more are competent): ISA / U			
For International Bureau use only			

Date of receipt of the record copy by the International Bureau:



This sheet is not part of and does not count as a sheet of the international application.

PCT

FEE CALCULATION SHEET Annex to the Request

PCT/US 0 3 / 2 8 2 2 6
International Application No.

Applicant's or agent's file reference 50001/007WO3	Date stamp of the receiving Office 09 SEP 2003
Applicant	
PRIMAL, INC. et al.	
CALCULATION OF PRESCRIBED FEES	210
1. TRANSMITTAL FEE	240 T ~ 70. OD
2. SEARCH FEE	700 S 700.00
International search to be carried out by (If two or more International Searching Authorities are competent to carry out search, indicate the name of the Authority which is chosen to carry out the inter	the international rnational search.)
3. INTERNATIONAL FEE Basic Fee	
Where items (b) and/or (c) of Box No. IX apply, enter Sub-total num. Where items (b) and (c) of Box No. IX do not apply, enter Total num.	
bl first 30 sheets	476 bl Y / 6 · OO
b2 520 x 12 = number of sheets in excess of 30	6,240 b2 6,240-00
additional component (only if sequence listings and/or tables rel thereto are filed in computer readable form under Section 801(a) or both in that form and on paper, under Section 801(a)(ii)):	lated)(i),
	4,800 b3 4,800 x
400 x 12 =	
Add amounts entered at b1, b2 and b3 and enter total at B	11,516 B 11,5/6.00
Designation Fees The international application contains 98 designations.	
5 x104 =	<u> 520</u> D <u> </u>
number of designation fees payable (maximum 5) amount of designation fee	12,036 [] 12,036.0
Add amounts entered at B and D and enter total at I	
(Applicants from certain States are entitled to a reduction of 75% international fee. Where the applicant is (or all applicants are) so entitled, the to be entered at I is 25% of the sum of the amounts entered at B and D.)	he total ·
4. FEE FOR PRIORITY DOCUMENT (if applicable)	40 P 70.50
5. TOTAL FEES PAYABLE	13,016 13,016.00
Add amounts entered at T, S, I and P, and enter total in the TOTAL box	x TOTAL
The designation fees are not paid at this time.	
MODE OF PAYMENT	
authorization to charge postal money order postal money order	cash coupons
cheque bank draft	revenue stamps
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNTIES mode of payment may not be available at all receiving Offices)	JNT Receiving Office: RO/ US
Authorization to charge the total fees indicated shove	Deposit Account No.: 03-2095
Authorization to charge the total fees indicated above. (This check-box may be marked only if the conditions for deposit account.)	Date: September 9, 2003
of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	
Authorization to charge the fee for priority document.	Signature: / -